



INTAKE QUESTIONNAIRE

Today's Date: ____ / ____ / ____

Name (First, Middle, Last): _____

Maiden/Previous Name (if applicable): _____ Place of Birth: _____

Date of Birth: ____ / ____ / ____ Social Security: ____ - ____ - ____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Years at this address: _____ **OK** to send mail to my HOME ADDRESS
 DO NOT send mail to my HOME ADDRESS

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone Number: (____) ____ - ____ Cell Phone Number: (____) ____ - ____

Home Phone Number: (____) ____ - ____ Email Address: _____

Are there any restrictions on contacting you by Telephone? No. Yes.

If yes, please specify: _____

(Initial) *I understand that communication via the internet, including e-mail, may be intercepted. If at any time I do not wish Lake Munro to communicate with me via e-mail or other electronic means, I will notify Lake Munro in writing.*

(Initial) *I understand that attorney-client privilege protects all communication between the attorney and client from being discovered by any third party. By sharing the content of these communications, particularly by sharing or forwarding email communications to outside parties, this attorney-client privilege will be lost. Therefore, I understand that I should not include any third party on any attorney-client email communications, and I should not forward an attorney-client email communication to any third party.*

(Initial) Lake Munro may SEND ME E-MAIL

How Did You Hear About Us?

Referred by: _____ Internet/Website: _____

Other: _____

KEVIN T. LAKE*
RYAN L. MUNRO
JERROLD R. BURKHART, JR.
*also admitted in Illinois

777 BONHOMME AVE., STE 1501
CLAYTON, MISSOURI 63105
PHONE:(314) 863-0077
FACSIMILE: (314) 863-7494

(fam)

Name (First, Last): _____

Were you served court documents? Yes. No. Date of service: ____/____/____

INFORMATON ABOUT SPOUSE/OTHER PARENT

Name (First, Middle, Last): _____

Maiden/Previous Name (if applicable): _____ Place of Birth: _____

Date of Birth: ____/____/____ Social Security: ____-____-____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Years at this address: _____

Work Phone Number: (____) ____-____ Cell Phone Number: (____) ____-____

Home Phone Number: (____) ____-____ Email Address: _____

Opposing Counsel (if known): _____

Employer: _____ Position: _____ Est. Income: _____/yr

Employer Address: _____

How long have they been with this employer? _____

MARITAL HISTORY

Date of Marriage: _____ Date of Divorce (if applicable): _____

Date of Modification (if applicable): _____

Place of Marriage: _____
(City) (County) (State)

Still living together: Yes. No. If no, date of separation: ____/____/____

PRIOR MARRIAGES

If you and/or the opposing party were married prior to this marriage, list the names of prior spouse(s), how the prior marriage(s) ended, the date each marriage ended, and if there are other children not of your current marriage:

(civ)

Name (First, Last): _____

CHILDREN IN THIS CASE

Name (First, Middle, Last):	DOB	Current Age	SS#